

Perceptions and attitudes of women on ageing: Old age and geriatric care in Rivers state, Southern Nigeria

Hope Ilanye Bell-Gam¹, Enebe Francis Ikechukwu², and Ekechi Amadi³

Abstract. Old age though desired by many can be the period of anxiety, despondency and economic challenges (Berkowitz, 1969). Some persons also view old age with regrets, apprehension and view ageing into older ages negatively as morbidity and mortality become more common (Torges, Stewart, & Nolen-Hoeksema, 2008; Stumpers, Cohen, & Mander, 2015). Due to an increase in the ageing population worldwide and even more so in Africa, care of the health of the elderly (Geriatric Medicine) is becoming of greater importance as awareness increases (Tanyi, Andre, & Mbah, 2018). This paper is set to examine the perception and attitude of women to old age, ageing and Geriatric care in Rivers state, Nigeria. This involved a cross-sectional study of 410 consenting women. Data was obtained via a questionnaire administered to various women groups in Rivers State. Ethical approval was obtained from the Research and Ethics committee of the University of Port Harcourt Teaching Hospital. Data obtained was analyzed using Statistical Product and Service Solution (SPSS) Version 23.0. The Majority of the women who participated in this study were between 38-47years. It was found that the modal age perceived to define "old age" was 70 years while 91% of women perceived old age as a negative phenomenon. Also, most women preferred to be cared for by their families rather than in institutionalized homes at old age with a significant percentage of women having no existing insurance or retirement/pension plans. Women's perception and attitude towards old age is mostly negative with poor or non-existent preparations for an inevitable phase of life - old age.

Keywords: women, old age, perception, ageing, attitude.

¹ Care of Elderly Persons Unit (CEPU), Department of Internal Medicine, University of Port Harcourt Teaching Hospital (UPTH), Port Harcourt Rivers State Nigeria (ilabgam@yahoo.co.uk)

² Care of Elderly Persons Unit (CEPU), Department of Internal Medicine, University of Port Harcourt Teaching Hospital (UPTH), Port Harcourt Rivers State Nigeria (francisenebe@yahoo.com)

³ Care of Elderly Persons Unit (CEPU), Department of Internal Medicine, University of Port Harcourt Teaching Hospital (UPTH), Port Harcourt Rivers State Nigeria. (ekechiamadi@yahoo.com)

Introduction

Ageing has become a Worldwide phenomenon, as more people are reaching older age (World Health Organization (WHO), 2015). Globally the greatest increase in the number of older people is occurring in developing and middle-income countries like Nigeria (Pew Research Centre, 2014). There are rapid shifts in all these countries from high fertility and high mortality to a much-reduced fertility and greater longevity (ibid.). It is estimated that in 2025 the population of Nigerians aged 60 and above will constitute about 6% of the country's population, a double rise from the estimated 2.7% (ibid.). The importance of this projection in the older population structure is that this figure aids in the planning of geriatric care. How this care is given and accepted greatly depends on attitudes and perceptions towards ageing and geriatric care (Besidine et al., 2005). The ratio of women to men is higher in old age with a constant rise in this ratio noticed from the middle ages in favour of women (Ajomale, 2007). Societal attitudes have also generally been viewed as being less than sympathetic to old age (Olson & Kendrick, 2008).

Age and gender have been found to consistently influence beliefs about aging of oneself in terms of age-related morale, personal development, physical and social loss and ageing in general. Since women outnumber men at this time of life, their perception matters and is to be inquired (WHO, 2015; Centre for Health Workforce Studies, 2006). Based on the observations of older people, people may either positively or negatively evaluate their own ageing process (Chan & Hubbard, 2014). The health of people and the functioning of their bodies have been suggested to be linked to attitudes to ageing. A positive outlook towards aging can help curtail the huge decline in physical well-being (ibid.).

Most studies do not put into cognizance the experiences of women as regards to how they feel about old age and care of older persons (Bernard et al, 2000; Hurd, 2000). Women experience losses in various aspects of their life including their physical outlook and perception of beauty in old age, especially with societal norms portraying the normal female habitus to be that of a slim and youthful body stature as the standards for healthy women (Queniat & Charpentier, 2012) even though the true definition of beauty varies as people age (Vieria & Turato, 2010).

Women generally live longer than men on the average in terms of life expectancy (WHO, 2014). Thus, they experience a great deal of the ageing process and suffer from the physical, biological, psychological and social challenges that are attributable to their unproductive state in later life with no ability to fight for themselves in any way even more so if coupled with a decline in their cognitive abilities (Renata et al., 2014). Also, earlier studies have shown that ability to carry out physical activity without aid, outlook and mental alertness will decline and play a major role in women's self-assessment as they grow older (Musaiger, D'Souza & Al-Roomi, 2013).

In Nigeria, co-morbidities in physical or psychological health may affect the ability of older persons to perform activities of daily living independently (Animasahun & Chapman 2017). Care for older women in Nigeria is majorly informal with family members providing 80-90% of their long-term care needs with a few also being institutionalized (Oladeji, 2011). This care

could also include getting helpers (paid or unpaid) which may or may not be satisfying. How this affects the female perception of old age or their attitude towards growing old for themselves is a major unaddressed concern. Their opinions are also formed as they watch the outcomes for much older women in the developing world. It is quite notable that receiving poor geriatric care may promote feelings of anger, abandonment, loneliness and a vacuum created by absence of children and family support mechanisms in older women. This is seen as potentially impinging on their overall quality of life, where such frustrations are displaced on caregivers at home or in institutionalized homes (Renata, et al, 2014). These care givers are mostly young women whose ideas about old age is in its formative stage.

The authors found difficulty in locating studies regarding women's perception of ageing and geriatric care especially considering the peculiar feelings and opinion of women as they grow older. This study was performed to evaluate the perception and attitude of women to Old age, Ageing and Geriatric care in Rivers State, Southern Nigeria.

Method

This was a cross-sectional study in which a simple random sampling technique was employed to recruit four hundred and ten (410) consenting patients and relatives attending the Geriatric Clinic of the University of Port-Harcourt Teaching Hospital, Rivers State and various. The participants were all women ranging across different spheres of life. Ethical clearance for the study was obtained from the Research and Ethics committee of the University of Port-Harcourt Teaching Hospital, Rivers State. Data Obtained was analyzed using International Business machines Statistical Product and Service Solutions (IBM-SPSS) version 23.0. Data obtained was presented as frequencies and percentages.

Results

Sociodemographic characteristics

Age: As can be seen in Table 1, the mean (SD) age of the study was 45.89 years (11.90%), with the majority of the respondents aged between 38 and 47 years of age (22.9%) with most of the women (>60%) sampled being less than 60 years.

Table 1: Age distribution of respondents

Age class (years)	Frequency (n)	Percentage (%)
18 -27 years	59	14.4
28 – 37 years	74	18.0
38 – 47 years	94	22.9
48 – 57 years	86	21.0
58 – 67 years	69	16.8
68 – 77 years	11	2.7
78 – 87 years	6	1.5
88 years	11	2.7

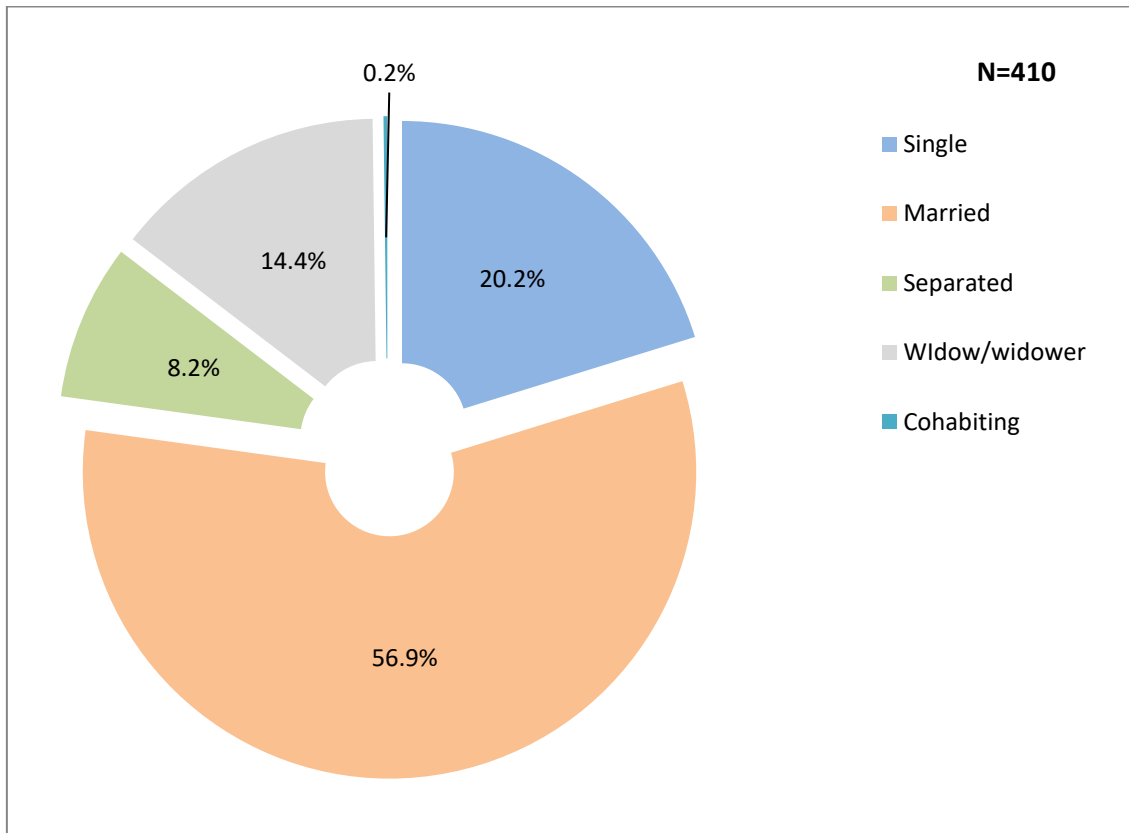
Table 2: Tribe of respondents

Tribe	N	%
Ijaws	100	24.4
Igbo	85	20.7
Ikwerre	185	45.1
Opobo	40	9.8

State of origin and tribe: The study sampled 70.1% of women from Rivers state. Table 2 shows how Ijaws, Igbos, Ikwerre and Opobo women accounted for 24.4%, 20.8%, 10% and 9.7% of individuals studied.

Marital status: Figure 1 shows that 56.9% (233) of respondents were married at the time of sampling with 22.6% (117) living alone either as a result of bereavement or separation. 20.2% (83) of women sampled were single (never married). Only one respondent was cohabiting with a partner.

Figure 1: Marital status of respondents



Level of education: Over 90% of the women sampled were educated with 52.2% (214) having a tertiary education. Secondary and primary level of education was attained by 26.6% (109) and 13% (53) of women respectively.

Employment/religion: Most women had some form of employment. 41.5% (170) of them were self-employed, 37.2% (153) were staff of various organizations and 17.5% (72) of individuals were unemployed. About 92.1% (378) of respondents were Christians.

Menopause: Table 3 shows the modal age of menopause was 46 years and 33.7% of the subjects had attained menopause.

Table 3: No. of respondents who had attained menopause

		Frequency N=410 n	Percentage (%)
Women who have attained Menopause	Yes	138	33.7
	No	272	66.3

Past medical history

As can be seen in Table 4, a history of hypertension was present in 70.6% of respondents with 15.3% of respondents having a history of Diabetes Mellitus. Other illnesses suffered by respondents were urinary incontinence (21.5%), ophthalmologic problems (33.0%), lower back pain (12.3%), Arthralgia (25.0%) and dental illnesses (21.8%).

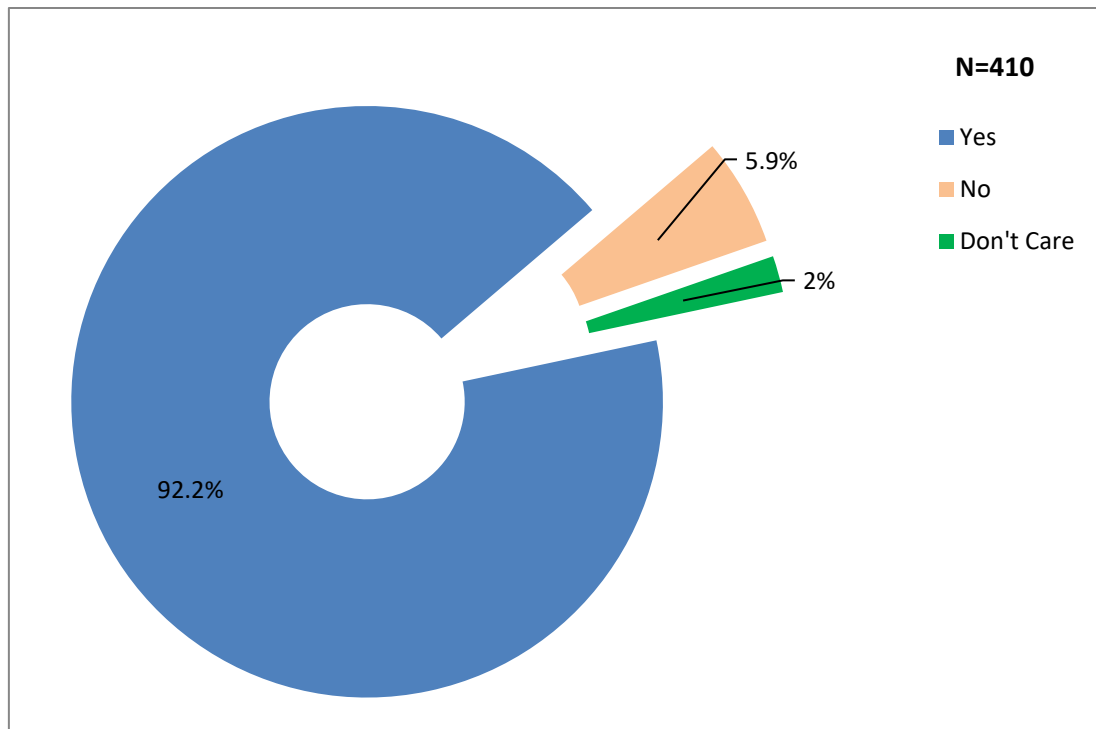
Table 4: Past medical history of respondents

Past Medical History	Frequency N=410 n	Percentage (%)
Hypertension	289	70.5
Diabetes Mellitus	63	15.4
Urinary Incontinence	88	21.5
Low back pain	50	12.2
Ophthalmologic Conditions	135	33.0
Athralgia	103	25.1
Dental illnesses	89	21.7

Perception and attitude towards ageing

Respondents were asked if ageing was perceived as a good thing or a bad thing. Table 5 outlines that most respondents (91.0%) answered that ageing was a bad thing. Respondents were further asked if they would like to grow old (Figure 2), 92.2% answered "Yes".

Figure 2: Distribution of respondents: Who would like to be old?



Age considered to be of old age

The women were asked to state the age a woman can be considered old (Table 5). The mean age according to respondents was 69 years of age. The most mentioned age was 70 years (28.1%). Closely following was 60 years, accounting for (27%).

Table 5: Perception and attitude towards ageing

		Frequency N=410 n	Percentage (%)
Perception of ageing	As a bad thing	373	91.0
	As a good thing	37	9.0
Would you like to grow old	Yes, I would	378	92.2
	No, I wouldn't	32	7.8
Who do you prefer to care for you in old age	Self	17	4.1
	Family	281	68.5
	Government	23	5.6
	Pension Agency	20	4.9
	Both	30	7.3
	Others	39	9.5
Who should pay for your care	Federal government	69	16.8
	State government	40	9.8
	NHIS*	20	4.9
	Private Insurance	12	2.9
	Family	226	55.1
	Yourself	35	8.5
	Your family	2	0.5
	Others	6	1.5
Where would you like to be cared for in old age	My Home	362	88.3
	Nursing Home	24	5.8
	Government Home	13	3.2
	Commercial Care Home	3	0.7
	Others	8	2.0
Present aging plans of respondents	Existing Pension Plan	153	37.3
	Existing Insurance Plan	85	20.7
	Written Will	79	19.3

*National Health Insurance Scheme(NHIS)

Perception and attitude towards geriatric care

In assessing responses from respondents (Table 5), 68.5% prefer to be cared for by their families in old age and 88.3% in their homes with 5.8%, 3% and 0.7% of respondents preferring Nursing Home, Government Care home, and Commercial Care Homes respectively. Notably, 55% of respondents believe that their family should bear the cost of their care in old age.

It was further established that, only 37.4% of respondents had an existing pension plan (Table 5) while 20.7% of women studied had laid down insurance policies with only 19.3% of women studied having a will.

Next of kin of respondents

Respondents were asked who their next of kin's were. Their responses are found in Table 6 with most women choosing their progeny as next of kin. 35.4% of women chose their sons, with 13.4% choosing their daughters. 19.8% of respondents did not specify the sex of their next of kin though they agreed that it was their child. Only 17.4% of women had their husbands as their next of kin.

Table 6: Next of kin of respondents

Next of kin as self-reported by women	N	%
Son	145	35.4
Daughter	55	13.4
Children	81	19.8
Husband	71	17.4
None	58	14.1

Discussion

Eight in ten women born in Northern America and Europe in 2000-2005 are projected to survive to age 80, with up to 43% of women born in Africa during the same period expecting to similarly survive as against an expected survival till 80 years of only 19% of African women born in 1950- 1955 (United Nations, 2015). The over 80 years age bracket is regarded as being the fastest growing segment of the older population today (Mirkin & Weinberger, 2000). The world health organization acknowledges the issues of sexism in relation to an existing knowledge gap on the schematics and biology of women in older ages (WHO, 2006).

This study considered the perceptions of young and older women on the subject of ageing. A study like this may be expected to consider the perceptions of just the older female population but it is quite important to point out that the health challenges of women in old age begin from deprivation to quality education, gender discrimination at a younger age, care-giving responsibility to older persons, domestic violence and the role of societal and cultural influences on the life of the girl child (Bartley, Blane & Montgomery, 1997). Socio-cultural factors affect healthcare seeking behaviour and overall health in the long run (Latunji & Akinyemi 2018).

The mean age of attaining old age in this study as stated by respondents was that of 69 years. This is a higher figure than the 60-year age as defined WHO (2006). This shows that a lot of women would like to grow older but at the same time hold negative perceptions about old age as shown in this study. With the effects of varying influences, such as: socio-cultural; personality traits; education; and overall quality of life, women may be at increased risk of developing negative perceptions towards ageing (Freeman et al., 2016). Women at advancing ages have been stated to be the group likely to have negative feelings towards old age (Pinkas et al., 2016). However, this study shows that the negative self-perception may cut across all ages in women. A particular finding which falls true to this is the concept of ageism. Ageism is a belief in a stereotypical pattern on the life of a group of individuals based on their age (Quadagno, 2008; Palmore, 1999). If younger women sense the neglect and loneliness experienced by older women especially when in direct contact such as when offering caregiver services to much older grand-mothers or great grand-mothers, the negative aspects of ageism are bound to set in. The concept of ageism is further cemented in women by the principle of internalization where women embed cultural and societal mis-norms as norms, these mis-norms when repeatedly re-emphasized and taught through experiences become a way of life for women and a belief system that is difficult to change (Gupta & Schork, 1993). Also, physical outlook may account for why most women also do not want to grow old. An earlier study showed that physical beauty and weight gain may create developments of negative perceptions about old age (Fin, Portella & Scortegagna, 2017; Marshall, Lengyel & Utioh, 2012).

The presence of disease or physical disability is seen in this study where over 70% of women had at least one chronic medical condition. Morbidity can create a feeling of loss of autonomy over one's health and reduce the quality of life. Feelings of loss of control and the thought of physical dependence could also account for negative self-perception towards ageing (Sherman, 2001), while feelings of powerlessness and poor sleep have also been noted to accompany negative self-perceptions in both sexes (Jong-ni, 2016). In Africa, the majority still view old age as a disease (Okoye & Obikeze, 2005). A good number of old people live alone at home with a few living in institutionalized homes (Tanyi, Andre & Mbah, 2018). Cultural beliefs also encourage individuals to preferably die at home than in an institutionalized setting. They hold sentimental values to the houses they have lived in and died. It is also not uncommon for old people to request to be buried in their rooms when they die (Ogbuagu 1989).

Although cultural values play a role in how geriatric care is perceived (for example an average African mother finds it disrespectful to be sent to a nursing home), cultures in which older persons are valued and highly respected bring about positive perceptions as regards geriatric care. In contrast to African cultures, Eastern Turkish cultures see old people as epitomes and reservoirs of wisdom meant to be protected and cared for (Guler, Tugce, Ebru & Imatullah, 2017). The negative perceptions in African settings allow for skepticism and suspicious/discriminatory treatment of the elderly (Okoye & Obikeze, 2005).

Various factors may have encouraged the development of negative perceptions on aging and geriatric care but the role of socio-cultural values seem to be greatest in addition to the effects of ageism and education.

Conclusion

The findings of this study clearly call for action at various points of the social and educational development of the girl child. This is to be carried out in addition to empowerment efforts through capacity building and human capital development to ensure that any negative self-perception towards growing old is eradicated. Attitudes can be understood to be stable, integrative judgements that summarize the thoughts and experiences people have towards objects or situations. As has been discussed, attitudes can be formed by events which took place earlier on in life, holding the possibility of influencing and determining how people perceive old age and ageing. Ageism will therefore, need to be tackled at all levels of the society. Most women in this study showed a negative perception towards ageing and therefore seem not to have overcome the negative stereotype associated with aging.

Following the results of this study, it is important that the government seriously looks at firming up National policies and to provide adequate funding to ensure improvements in Geriatric care services in Nigeria.

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